

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/30/2009
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL & MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint survey under State licensure initiated in your facility on 3/10/09 and finalized on 3/30/09.</p> <p>The survey was conducted using the authority of NAC 449, Hospitals, last adopted by the State Board of Health on 8/4/04.</p> <p>Complaint #NV00018312 was unsubstantiated. Complaint #NV00018389 was substantiated in part with no deficiency cited. Complaint #NV00020387 was substantiated in part with no deficiency cited. Complaint #NV00021037 was unsubstantiated. Complaint #NV00018702 was unsubstantiated. Complaint #NV00019249 was substantiated in part with no deficiency cited. Complaint #NV00020931 was substantiated in part with no deficiency cited. Complaint #NV00019113 was substantiated in part. See Tag 310.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 310 SS=D	<p>NAC 449.3624 Assessment of Patient</p> <p>1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.</p>	S 310		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 310	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to have documented evidence of an assessment of the patient's ability to wait without supervision by facility staff for transportation following discharge for 1 of 11 patients. (#4)</p> <p>Findings include:</p> <p>Patient #4 was admitted to the facility for a lumbar fusion on 8/26/08 and discharged home on 8/30/08. Review of the record revealed that she was discharged at 1:25 PM.</p> <p>An interview with the patient on 3/26/09 revealed that because the facility took too long to get her ready she did not have a ride home and had to take a taxi. An aide took her by wheelchair to the waiting area outside. She stated that is was hot and the aide took her back inside to wait for the taxi. The aide had her sit in a lobby chair with her belongings to wait. When the taxi came she went outside and asked the taxi driver to go inside to get her belongings because she had a lifting restriction and pain and could not carry them. She stated that she had to tip the driver \$10.00 to go inside and get her belongings.</p> <p>An interview with the Ortho/Neuro Trauma Unit Manager revealed that the patient did not have a ride so a taxi was arranged. She stated that the patient was ambulatory with a walker. She stated that someone from admitting or the taxi driver would assist patients into the taxi.</p> <p>An interview with the aide who took Patient #4 to the lobby to wait revealed that patients are left to wait for taxis either in the lobby or outside. He stated that a taxi could take 30 minutes or an</p>	S 310			

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S 310	Continued From page 2 hour to arrive. Review of the record failed to reveal evidence of documentation of an assessment that it was safe for Patient #4 to wait for a taxi unattended or that it was safe for a taxi driver to assist the patient into a vehicle for transport home. Severity 2 Scope 1	S 310			

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